

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584075

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1				
3		3				
4		3				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
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15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22	1		1			
23		1				
24		2				
25		0				
26		0				
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49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	27	←		←
TOTAL CLAIMS			29			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						